

Wyoming Prevention Framework Community Grant Report

Attachment B

This report is for this time period

February 2007 - June 30, 2007

February 1-April
30

Please email this report as an **attachment** to...
Substance Abuse & Mental Health Services Division,
Wyo Dept. of Health
lisa.laake@health.wyo.gov

Today's Date

County

Contract Organization Name

3-May-07

Sweetwater

Southwest Counseling Services

For information call 1-800-535-4006
or 307-777-6494

Your Name

Your Mailing Address

City, State, Zip

Your Work Phone Number

Fax

Your Work Email Address

Marilyn M. Bastin

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Rock Springs, Wyoming 83935

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mbastin@swcounseling.org

Please keep both a hard-copy and file copy for your records

| Item | Contract Deliverables | Date due | Percent Completed (or notes on amount completed) | Date Completed | Comments or Notes |
|--|---|-----------|---|----------------|--|
| A Staff, Board of Directors, Volunteers, Work Assignments, and Technical Assistance | | | | | |
| 1 | SPF Staff Hired (report name, percent of time, email address, phone number) | 1-Feb-07 | 100% | 3/1/2007 | |
| 2 | Supervise SPF staff/staff evaluation (note dates and any notes) | | | | |
| 3 | Name, title, and phone number of the staff's supervisor | | 100% | 3/1/2007 | Laura Schmid-Pizzato MSW 352-6677 |
| 4 | Criminal history record compliance (briefly note yes or no if any action was taken this quarter--do not report names) | | 100% | 3/1/2007 | |
| 5 | Staff training and paid travel (list all training paid under the contract, dates, traveler name, amount) | 16-May-03 | | | Bridget and Marilyn 3/4-3/7 and 3/25-3/30 1232.33 |
| 6 | Notify the Division of any board of directors/staffing changes | | 100% | 3/1/2007 | None |
| 7 | Other Contract Work Agreements (report details) | | | | |
| 8 | Complete agreement with SPF-TAC | | | | |
| 9 | Other | | | | |

B Needs Assessment Activities

| | | | | | |
|---|---|-------------------|------|-----------|--|
| 1 | Needs Assessment Training/Winter 07 Meeting | Feb or March 2007 | 100% | 3/7/2007 | |
| 2 | Needs Assessment Instrument Received | Feb or March 2007 | 100% | 3/7/2007 | |
| 3 | Data Collection | | 100% | 4/30/2007 | |
| 4 | Data Analysis | | | | |
| 5 | Priorities Identified | | | | |
| 6 | Needs Assessment Sent to SAD | 1-Jun-07 | | | |
| 7 | Receive SAD Comments @ Needs Assessment | 15-Jun-07 | | | |
| | Revise Needs Assess/Submit Final | | | | |
| 8 | Other | | | | |

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|--|---|----------|-------------------|----------------|---|
| C Community Infrastructure Activities | | | | | |
| 1 | Community Advisory Council Activities briefly list CAC activities | | | | |
| 2 | Community Advisory Council Meetings List dates & number of people who attended <i>See below for membership report</i> | | | 4/23/2007 | Meetings 2/21/07(7people) 3/21/07 (3people) 4/23/07 (7people) |
| 3 | Budget and Funding Approved by CAC (<i>attach minutes</i>) | | | | |
| 4 | Community Resource Assessment note date and attach report | | | | |
| 5 | Present Findings/Process to Community | | | | |

| | | | | | |
|---|---|--|------|-----------|--|
| 6 | (Optional) local SAPST and/or CADCA Training for SAC/Community | | 100% | 3/30/2007 | |
| 7 | Briefly describe how the community was involved in the SPF process during this reporting period | | | | Still Building Community Capacity. Getting out in Community to make them aware of Grant. |
| 8 | Other CAC/Infrastructure | | | | |

D Strategic Planning Activity

| | | | | | |
|--|---|-----------|--|--|--|
| | Attend Strategic Planning Training | Jul-07 | | | |
| | Receive Strategic Planning Materials from SAD | | | | |
| | Research Evidence Based Strategies | | | | |
| | Match Strategies to Data/Needs | | | | |
| | Write Strategic Plan | | | | |
| | Submit Strategic Plan to SAD | | | | |
| | Receive SAD Comments/Revise/Final Plan | 31-Aug-07 | | | |
| | Other | | | | |

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|----------|--|----------|-------------------|----------------|-------------------|
| E | Implementation (only with SAD approval) | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

F Deliverables and Assurances

Reports

| | | | | | |
|----|---|-----------|------|-----------|--|
| | For February 1 - April 30 | | | | |
| 1 | May 15: Submit this report to SAD | 15-May-07 | 100% | 5/15/2007 | |
| 2 | May 15: Submit Expenditure Report to SAD | 15-May-07 | | 5/15/2007 | |
| | | | | | |
| | For February 1 - June 30 | | | | |
| 3 | July 31: Submit CLI to SAMHSA | 31-Jul-07 | | | |
| | | | | | |
| | For May 1 - June 30 | | | | |
| 4 | July 31: Submit Expenditure Report to SAD | 31-Jul-07 | | | |
| | | | | | |
| | For May 1 - September 30 | | | | |
| 5 | October 15: Submit this report o SAD | 15-Oct-07 | | | |
| | | | | | |
| | For July 1 - September 30 | | | | |
| 6 | October 15: Submit Expenditure Report to SAD | 15-Oct-07 | | | |
| | | | | | |
| 7 | Complete evaluation agreement with WySAC | 30-Mar-07 | 100% | 3/30/2007 | |
| 8 | Provide any other evaluation information | | | | |
| 9 | Submit any requested data | | | | |
| 10 | Obtain Chapter 16 Prevention Certification | | | | |
| 11 | On-Site evaluations or reviews | | | | |
| 12 | Post 2 newspaper ads/articles about the SPF grant (attach copy) | | 50% | 3/15/2007 | |

| Item | Contract Deliverables | Date due | Percent Completed | Date Completed | Comments or Notes |
|----------|---|----------|-------------------|----------------|-------------------|
| G | Other Information | | | | |
| | Briefly describe any actions taken by the LEAD AGENCY (fiscal agency) board of directors or high level staff around the SPF SIG grant | | | | |
| 1 | | | | | |
| 2 | Restricted activities (report any approval requested and received for these) | | | | |
| | fairs/brochures/educational materials | | | | |
| | media | | | | |
| | | | | | |
| 3 | Please note any significant changes from the budget submitted in the application. | | | | |
| 4 | What was the one greatest accomplishment this reporting period? How was this accomplishment shared with the community? | | | | |
| 5 | What was the one greatest barrier this reporting period? What was done to address this barrier? | | | | |
| 6 | Please briefly list any significant changes or information related to this grant | | | | |
| 7 | Please provide input and recommendations about technical assistance provided by SAD and SAD contractors | | | | |

COMMUNITY ADVISORY COUNCIL

[illegible]